



| POSITION            | INITIALS | ID NO. | DATE              |
|---------------------|----------|--------|-------------------|
| FEE DETERMINATION   | D.B.     | 25205  | 6-22-99           |
| O.I.P.E. CLASSIFIER |          | 48     | 6/28/99           |
| FORMALITY REVIEW    | WN       | 67475  | 7-6-99<br>9-17-99 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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